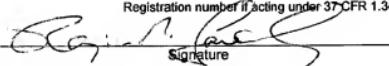


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 391258002US1		
Application Number	10/542,824-Conf. #8436	Filed January 21, 2004		
For METHOD AND APPARATUS FOR SECURE COMMUNICATIONS AND RESOURCE SHARING BETWEEN ANONYMOUS NON-TRUSTING PARTIES WITH NO CENTRAL ADMINISTRATION				
Art Unit	2132	Examiner B. E. Lanier		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ (60)
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$460	Small Entity Fee \$230	\$
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1050	Small Entity Fee \$525	\$ 525
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1640	Small Entity Fee \$820	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2230	Small Entity Fee \$1115	\$
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM in the amount of <u>\$465.00</u> is hereby authorized.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies or credit any overpayment, to Deposit Account Number <u>50-0665</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,592</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34</p> <p> _____ Signature Rajiv P. Sarathy _____ Typed or printed name</p> <p><u>1/22/08</u> _____ Date (206) 359-8000 _____ Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>				